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AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

- 1. (Currently amended) An implantable access port comprising:
 - a housing comprising a fluid chamber in fluid communication with and an access aperture in fluid communication with said fluid chamber, wherein said access aperture is covered by and a septum covering the access aperture;
 - a port stem extending from said the housing, wherein said port stem has an inner lumen forming including a channel in fluid communication with said the fluid chamber and a catheter retention feature; and
 - a visual indicator marking disposed on the port stem distal of an outer edge of the housing and proximal of the catheter retention feature, the visual indicator marking distinct from the catheter retention feature for providing guidance to a user for placement of a catheter over said port stem, said marking comprising at least a portion of a band at least partially disposed about the circumference of said port stem, wherein said marking is located on said port stem between a distal end of said port stem and a proximal end of said port stem.
- 2. (Original) The access port according to claim 1, wherein said marking comprises a contrast agent.
- 3. (Original) The access port according to claim 2, wherein said contrast agent comprises an ink.
- 4. (Original) The access port according to claim 1, wherein said marking comprises a contrast material.

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- 5. (Original) The access port according to claim 4, wherein said contrast material comprises a ribbon.
- 6. (Original) The access port according to claim 5, wherein said ribbon comprises a metallic material.
- 7. (Original) The access port according to claim 5, wherein said contrast material comprises a shrink-wrap plastic.
- 8. (Currently amended) The access port according to claim 1, wherein said marking is positioned on said port stem a sufficient distance from the housing outer edge to prevent a catheter proximal end aligned with the marking and compressed by a locking sleeve from abutting the housing outer edge such that when the eatheter aligned with said marking is compressed by a locking sleeve, a proximal end of said catheter does not abut said housing.
- 9. (Withdrawn) The access port according to claim 1, wherein said marking comprises an indentation on an outer surface of said port stem.
- 10. (Withdrawn) The access port of claim 1, wherein said marking comprises a raised profile on an outer surface of said port stem.
- 11. (Withdrawn) The access port of claim 1, wherein said marking comprises at least two features aligned along the length of said port stem.
- 12. (Withdrawn) The access port of claim 11, wherein said features are configured such that said features direct the user to place a proximal end of said catheter between said two features.

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13. (Currently amended) An implantable access port capable of being implanted beneath the skin of a patient, the access port enabling repeated, non-destructive fluid communication between the tip of a hypodermic needle piercing the skin of the patient and the proximal end of a lumen within a catheter implanted in the body of the patient coupled to the access port, said access port comprising:

- an outlet stem extending from a housing of said access port, configured at a distal end thereof to receive the proximal end of said eatheter, said stem enclosing a stem channel extending between a proximal end thereof and said distal end, wherein said stem channel is in fluid communication with a cavity in said housing; and
- a visual indicator marking positioned on an outer surface of said the outlet stem distal of an outer edge of the housing and proximal of a catheter retention feature, the visual indicator marking distinct from the catheter retention feature wherein said marking is located between said proximal end and said distal end of said outlet stem, and wherein said marking is configured to provide a visual reference for ceasing advancement of the eatheter over said port stem.
- 14. (Withdrawn) The access port according to claim 13, wherein said marking comprises a raised profile on the-outer surface of said outlet stem.
- 15. (Withdrawn Currently amended) The access port according to claim 14 13, wherein said marking comprises an indentation on the outer surface of said outlet stem.

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16. (Currently amended) A method of making an access port, having a port stem marking comprising:

fabricating an implantable access port eapable of being implanted beneath the skin of a patient, said access port comprising an outlet stem extending from a housing of said access port, configured at a distal end thereof to receive the proximal end of said eatheter, said the outlet stem enclosing a stem channel extending between a proximal end thereof and said distal end, wherein said stem channel is in fluid communication with a cavity in said the housing and including a catheter retention feature; and

providing a visual indicator marking distinct from the catheter retention

feature on said the outlet stem distal of an outer edge of the housing
and proximal of the retention feature for guiding a user on placement
of a catheter over said stem, wherein said user ceases advancement of
the catheter over said port stem once the catheter is substantially
aligned with said marking, wherein said marking is located between
said proximal end and said distal end of said outlet stem.

- 17. (Withdrawn) The method according to claim 16, wherein the act of providing a marking comprises forming an indentation on the surface of said stem.
- 18. (Withdrawn) The method according to claim 16, wherein the act of providing a marking comprises forming a protruding structure on the surface of said stem.
- 19. (Currently amended) The method according to claim 16, wherein the act of providing a marking comprises positioning the marking a sufficient distance from the housing outer edge to prevent a catheter proximal end aligned with the marking and compressed by a locking sleeve from abutting the housing outer edge placing said marking at a location on the stem while taking into account the amounts of sliding of the catheter when a locking sleeve is placed over the catheter.

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- 20. (Canceled).
- 21. (Previously presented) A method of connecting a catheter to an access port during implantation of said access port beneath the skin of a patient, the access port including a housing and a stem extending from the housing, the stem including a catheter retention feature and a visual indicator marking distinct from the catheter retention feature, the visual indicator marking spaced distally from an outer edge of the housing and proximally from the catheter retention feature enabling repeated, non-destructive fluid communication between the tip of a hypodermic needle piercing the skin of the patient and the proximal end a lumen within a catheter implanted in the body of the patient coupled to the access port to thereby inject a fluid from the needle into the body of the patient by producing a flow of the fluid from the tip of the needle, through the access port, and along said lumen to the distal end of the catheter, comprising:

inserting a port stem of said the access port stem into the a proximal end of the catheter; and

- advancing the proximal end of the catheter over the catheter retention feature

 and into alignment with the visual indicator marking said eatheter

 over said port stem until the catheter is substantially aligned with a

 marking on said port stem and ceasing advancement of said eatheter

 thereafter.
- 22. (Original) The method according to claim 21, further comprising the act of placing a locking sleeve over the port stem and the proximal section of said catheter to secure said catheter on said port stem.

. 23-24. (Canceled).